

## CHILD REGISTRATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Child's Age: \_\_\_

Nationality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Religion: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Any Allergies: Yes/No: \_\_\_\_\_

Medication: Yes/No: \_\_\_\_\_

Health problems/conditions Yes/No: \_\_\_\_\_

Preferred Date of Entry: \_\_\_\_\_

Sessions Required:  
(Please tick)

Day	Morning Session	Afternoon Session
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If wrap around care is required (Crossley Street / St Joseph's) please tick option 1 or 2

Option 1 Wrap around care only

Option 2 Wrap around care and nursery care during school holidays

I agree to Twinkles Terms and Conditions

Parent 1 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signed: \_\_\_\_\_ Date: \_\_\_\_\_